

EXHIBIT 68

<div>Page 1</div> <div>UNITED STATES DISTRICT COURT DISTRICT OF MINNESOTA</div> <div>-----</div> <div>In Re: Bair Hugger Forced Air Warming Products Liability Litigation</div> <div>This Document Relates To: All Actions MDL No. 15-2666 (JNE/FLM)</div> <div>-----</div> <div>DEPOSITION OF MICHELLE HULSE-STEVENSON VOLUME I, PAGES 1 - 299 DECEMBER 19, 2016</div> <div>(The following is the deposition of MICHELLE HULSE-STEVENSON, taken pursuant to Notice of Taking Deposition, via videotape, at the offices of Ciresi Conlin L.L.P., 225 South 6th Street, Suite 4600, Minneapolis, Minnesota, commencing at approximately 8:59 o'clock a.m., December 19, 2016.)</div>	<div>Page 3</div> <div>INDEX</div> <table><tr><th>EXHIBITS</th><th>DESCRIPTION</th><th>PAGE MARKED</th></tr><tr><td>Ex 204</td><td>E-mail string, 3MBH00544550-2</td><td>23</td></tr><tr><td>205</td><td>Dear Health Care Leader letter from Hulse-Stevens, 3MBH00819201-2</td><td>37</td></tr><tr><td>206</td><td>E-mail string, 3MBH00544674</td><td>52</td></tr><tr><td>207</td><td>E-mail, 3M00580475</td><td>60</td></tr><tr><td>208</td><td>CDC Healthcare Infection Control Practices Advisory Committee, November 5-6, 2015, Atlanta, Georgia, Record of Proceedings, 3MBH01344612-85</td><td>71</td></tr><tr><td>209</td><td>Letter dated February 25, 2013, Hulse-Stevens to Groah, 3MBH01251937-44</td><td>76</td></tr><tr><td>210</td><td>E-mail string, 3MBH01642075-6, and 3MBH01642092-115</td><td>88</td></tr><tr><td>211</td><td>E-mail string, 3MBH00130834-41</td><td>119</td></tr><tr><td>212</td><td>E-mail string, 3MBH01619270-4</td><td>121</td></tr><tr><td>213</td><td>E-mail string, 3MBH00052796-7</td><td>175</td></tr><tr><td>214</td><td>Deck, The Perioperative Process and Risk Reduction for Surgical Site Infection dated 3/11/210, 3MBH01688147-228</td><td>181</td></tr><tr><td>215</td><td>Article, The Bair Hugger patient</td><td></td></tr></table>	EXHIBITS	DESCRIPTION	PAGE MARKED	Ex 204	E-mail string, 3MBH00544550-2	23	205	Dear Health Care Leader letter from Hulse-Stevens, 3MBH00819201-2	37	206	E-mail string, 3MBH00544674	52	207	E-mail, 3M00580475	60	208	CDC Healthcare Infection Control Practices Advisory Committee, November 5-6, 2015, Atlanta, Georgia, Record of Proceedings, 3MBH01344612-85	71	209	Letter dated February 25, 2013, Hulse-Stevens to Groah, 3MBH01251937-44	76	210	E-mail string, 3MBH01642075-6, and 3MBH01642092-115	88	211	E-mail string, 3MBH00130834-41	119	212	E-mail string, 3MBH01619270-4	121	213	E-mail string, 3MBH00052796-7	175	214	Deck, The Perioperative Process and Risk Reduction for Surgical Site Infection dated 3/11/210, 3MBH01688147-228	181	215	Article, The Bair Hugger patient	
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<div>Page 2</div> <div>1 APPEARANCES:</div> <div>2 On Behalf of the Plaintiffs:</div> <div>3 Michael V. Ciresi and Michael A. Sacchet</div> <div>4 CIRESI CONLIN L.L.P.</div> <div>5 225 South 6th Street, Suite 4600</div> <div>6 Minneapolis, Minnesota 55402</div> <div>7 On Behalf of Defendants:</div> <div>8 Peter J. Goss and Charmaine K. Harris</div> <div>9 BLACKWELL BURKE P.A.</div> <div>10 432 South Seventh Street, Suite 2500</div> <div>11 Minneapolis, Minnesota 55415</div> <div>12 ALSO APPEARING:</div> <div>13 Ronald M. Huber, Videographer</div> <div>14</div> <div>15</div> <div>16</div> <div>17</div> <div>18</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div>	<div>Page 4</div> <div>1 warming system in prolonged vascular</div> <div>2 surgery: an infection risk? by</div> <div>3 Huang, et al 195</div> <div>4 216 E-mail string, 3M00577966-9 227</div> <div>5 217 E-mail string, BHJP0000028-36 235</div> <div>6 218 Minutes, October 18, 2012</div> <div>7 Global Patient Warming Advisory</div> <div>8 Board meeting, 3MBH01242440-48 238</div> <div>9 219 E-mail string, 3MBH01220680-4 245</div> <div>10 220 E-mail, 3MBH01534354 259</div> <div>11 221 E-mail string, 3MBH01629634-7 264</div> <div>12 222 E-mail string, 3MBH00541794-6 273</div> <div>13 223 E-mail, 3MBH01532028 283</div> <div>14 224 E-mail, 3MBH00109116 291</div> <div>15 225 Arizant forced-air warming and</div> <div>16 SSI prevention: Talking points</div> <div>17 for sales, June 2010,</div> <div>18 3MBH00001336-7 295</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div>																																							

<p style="text-align: right;">Page 5</p> <p>1 PROCEEDINGS</p> <p>2 (Witness sworn.)</p> <p>3 MICHELLE HULSE-STEVENSON</p> <p>4 called as a witness, being first duly sworn,</p> <p>5 was examined and testified as follows:</p> <p>6 ADVERSE EXAMINATION</p> <p>7 BY MR. CIRESI:</p> <p>8 Q. Good morning, doctor.</p> <p>9 A. Good morning.</p> <p>10 Q. My name is Mike Ciresi and I'm one of the</p> <p>11 attorneys representing the plaintiffs in this matter.</p> <p>12 Have you had your deposition taken before?</p> <p>13 A. No.</p> <p>14 Q. Okay. Let me explain a couple ground rules.</p> <p>15 As you know, I'll be asking you questions and you'll</p> <p>16 be responding to those questions under oath. If at</p> <p>17 any time I ask a question that you don't understand or</p> <p>18 hear, please tell me. Is that agreeable?</p> <p>19 A. Yes.</p> <p>20 Q. Otherwise, I'm going to assume that you've</p> <p>21 both heard and understood the question. Is that also</p> <p>22 agreeable?</p> <p>23 A. Yes.</p> <p>24 Q. Couple other things. The court reporter is</p> <p>25 very, very good, but if we talk over each other, it</p>	<p style="text-align: right;">Page 7</p> <p>1 A. Uh-huh.</p> <p>2 Q. -- and after the merger you were the</p> <p>3 epidemiologist for the two hospitals.</p> <p>4 A. Correct, uh-huh.</p> <p>5 Q. Okay. And how long were you the</p> <p>6 epidemiologist?</p> <p>7 A. Until I transitioned to 3M in 2009.</p> <p>8 Q. All right. And prior to being the</p> <p>9 epidemiologist at Minneapolis Children's, were you the</p> <p>10 medical director of infectious diseases and</p> <p>11 immunology?</p> <p>12 A. No. I took on those responsibilities in</p> <p>13 2006.</p> <p>14 Q. 2006.</p> <p>15 A. Uh-huh.</p> <p>16 Q. All right. As the epidemiologist, can you</p> <p>17 describe your responsibilities and duties at</p> <p>18 Children's.</p> <p>19 A. Well a hospital epidemiologist would have</p> <p>20 oversight over usually the technical -- technical</p> <p>21 aspects of the infection control program.</p> <p>22 Q. What do you mean by that?</p> <p>23 A. So if -- if there's an epidemiologically</p> <p>24 important organism that needs to have a certain</p> <p>25 approach taken for patient-care purposes, it would be</p>
<p style="text-align: right;">Page 6</p> <p>1 gives us a disjointed record and it's hard to put it</p> <p>2 together. All right? So let me finish with my</p> <p>3 question before you respond, and I will do the same.</p> <p>4 Okay?</p> <p>5 A. Okay.</p> <p>6 Q. And one other thing: make sure you always</p> <p>7 give an audible response, a "yes" or a "no" rather</p> <p>8 than a nodding or shaking of the head. All right?</p> <p>9 A. Okay.</p> <p>10 Q. When did you start with 3M?</p> <p>11 A. I started in October of 2009.</p> <p>12 Q. And prior to that you were at Children's</p> <p>13 Hospital?</p> <p>14 A. Correct.</p> <p>15 Q. In the Minneapolis or St. Paul campus?</p> <p>16 A. Both.</p> <p>17 Q. Okay. Now you were the hospital</p> <p>18 epidemiologist or 10 years?</p> <p>19 A. I started as a hospital epidemiologist in</p> <p>20 2 -- let's see, 1994, and that was before the merger</p> <p>21 of the two hospitals so it would have been for</p> <p>22 Minneapolis, and then after the merger was for the</p> <p>23 system.</p> <p>24 Q. Okay. So you were the epidemiologist for</p> <p>25 the Minneapolis hospital first, --</p>	<p style="text-align: right;">Page 8</p> <p>1 informing the staff, who are the infection control</p> <p>2 practitioners, and working with them on developing the</p> <p>3 appropriate policy and procedure that needs to take</p> <p>4 place.</p> <p>5 Q. All right. So if a special situation arose</p> <p>6 with regard to patient care, you would be involved</p> <p>7 from an epidemiological standpoint.</p> <p>8 A. It would depend on the issue, but this was</p> <p>9 at a higher level, so broad -- more broadly applied.</p> <p>10 So I'm --</p> <p>11 If you can clarify what you're --</p> <p>12 Q. Can you give us an example?</p> <p>13 A. So, for example, for respiratory infections,</p> <p>14 what kind of precautions are necessary for patients to</p> <p>15 be in -- if they come in with symptoms of a</p> <p>16 respiratory illness.</p> <p>17 Q. So, for example, during the flu season you</p> <p>18 would set certain policies with respect to certain</p> <p>19 procedures that should be followed by the hospital</p> <p>20 staff?</p> <p>21 A. Right.</p> <p>22 Q. Did you have any responsibility for</p> <p>23 evaluating medical devices?</p> <p>24 A. No. I can't think of a --</p> <p>25 The only thing that comes to mind was when</p>

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1 would have been within the division. I don't know if
 2 our senior management was involved with that decision.
 3 Q. What's a high level?
 4 A. Our senior management in the division.
 5 Q. And who would that be at that time?
 6 A. At that --
 7 In 2015?
 8 Q. Correct. Last year.
 9 A. The general manager would have been Mojdeh
 10 Poul.
 11 Q. Pardon me?
 12 A. Mojdeh Poul would have been the general
 13 manager.
 14 Q. Can you spell his name?
 15 A. First name is M-o-j-d-e-h, Poul is P-o-u-l.
 16 Q. Okay. Who else?
 17 A. I'm sorry, our senior management team
 18 changes over fairly regularly.
 19 Q. I appreciate that. Who do you think it was
 20 at that time?
 21 A. So I think the technical director at the
 22 time was -- was Belen, B-e-l-e-n --
 23 Q. B-e-l --
 24 A. e-n.
 25 Q. e-n. First name?

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1 A. Urq --
 2 That's her first name. Urquiola,
 3 U-r-q-u-i-o-l-i-a.
 4 Q. Okay.
 5 A. I think our marketing director changed in
 6 that time period. So those two I think would have
 7 been in place in terms of the senior management team.
 8 And then --
 9 I don't know if legal weighed in on that
 10 decision.
 11 Q. Yes, right. I don't want to know what the
 12 lawyers told you.
 13 A. Yeah. I -- so --
 14 Q. I would like to know, but I can't.
 15 A. Yeah, yeah, yeah. So I -- I think -- I
 16 think this was a -- a decision that was made with
 17 input from our legal --
 18 Q. From your legal department.
 19 A. -- legal counsel, yeah.
 20 Q. Okay. Now the legal situation was what, the
 21 lawsuits --
 22 A. Yes.
 23 Q. -- that were brought --
 24 MR. GOSS: Let him finish before you answer.
 25 THE WITNESS: Oh, I'm sorry.

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1 Q. -- the lawsuits brought alleging that the
 2 Bair Hugger causes surgical-site infections?
 3 A. Correct. Yeah.
 4 Q. Okay. And by whom were you told that that
 5 decision had been made?
 6 A. Oh boy. I don't remember. I just --
 7 I remember discussions about doing the study
 8 just stopped after -- after we had this -- this input
 9 from our legal team.
 10 Q. Okay. Now the Harper study will not answer
 11 this question; will it?
 12 A. No.
 13 MR. GOSS: I want to insert a belated
 14 objection to form to the last question.
 15 (Discussion off the stenographic record.)
 16 (Exhibit 220 was marked for
 17 identification.)
 18 BY MR. CIRESI:
 19 Q. Exhibit 220 is an e-mail from Dan Sessler to
 20 Mark Morken with a copy to you dated February 25th,
 21 2016. Do you see that, ma'am?
 22 A. Yes.
 23 Q. "Subject: Re: Follow-up;" correct?
 24 A. Yes.
 25 Q. And in this, Dr. Sessler includes protocols,

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1 which are not attached to the document that we
 2 received, for a "...retrospective surgical site
 3 infection analysis and myocardial injury randomized
 4 clinical trial;" correct?
 5 A. Yes.
 6 Q. And then it sets forth that the
 7 retrospective analysis cost would be 75,000 plus
 8 clinic overhead; correct?
 9 A. That's right.
 10 Q. And that the randomized clinical trial would
 11 be 1.2 million plus overhead; correct?
 12 A. That's right.
 13 Q. Now the randomized clinical trial, that's
 14 the one being conducted in China?
 15 A. Yes.
 16 Q. Okay. That's Project Protect; correct?
 17 A. Yes.
 18 Q. Okay. The retrospective analysis, was that
 19 done?
 20 A. It's in process.
 21 Q. Where is it being done?
 22 A. It's a retrospective analysis of data from
 23 the clinic, from the Cleveland Clinic.
 24 Q. From the Cleveland Clinic?
 25 A. Yes.

C O N F I D E N T I A L

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1 **A. Teicoplanin would be effective in -- as**
 2 **prophylaxis.**
 3 Q. As a prophylaxis. Okay.
 4 **A. Yes.**
 5 Q. So teicoplanin may be effective and
 6 gentamicin would not be --
 7 MR. GOSS: Objection, mischaracterizes.
 8 Q. -- prophylactically; is that what you're
 9 saying?
 10 **A. Prophylactic --**
 11 **Gentamicin is not usually used in isolation.**
 12 Q. Well I'm just asking you if it would be
 13 effective. If you know. If you don't know, just say
 14 "I don't know."
 15 **A. I -- I -- I don't know.**
 16 Q. Thank you.
 17 Now other than Dr. Sessler, you heard from
 18 others that conductive warming was equally effective
 19 as convective; did you not? And I'm -- other than
 20 Reed and the people that are doing the Harper study.
 21 (Discussion off the stenographic record.)
 22 **A. Yes, that's correct.**
 23 Q. That's generally accepted in the medical
 24 profession; --
 25 MR. GOSS: Object to form.

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1 Q. -- correct?
 2 **A. I don't know. I -- I can't comment on**
 3 **whether --**
 4 Q. If -- if you don't know, just --
 5 **A. -- it's generally accepted.**
 6 Q. Okay. So you don't know.
 7 **A. No.**
 8 MR. CIRESI: If you'll give me a minute,
 9 doctor, I'm going to check my notes, but until we get
 10 that protocol, I may be done.
 11 THE WITNESS: Hmm.
 12 MR. CIRESI: Just finally.
 13 MR. GOSS: You're talking about the Protect
 14 protocol?
 15 MR. CIRESI: Yes.
 16 MR. GOSS: Okay.
 17 MR. CIRESI: And the other protocol which
 18 was not attached. I forget which one that was right
 19 now. But we'll give you those.
 20 (Discussion off the stenographic record.)
 21 BY MR. CIRESI:
 22 Q. You had various discussions with Mr. Van
 23 Duren and Mr. Hansen regarding prospective randomized
 24 trials between modalities of warming to determine
 25 infection rates; did you not?

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1 **A. I --**
 2 **We had a number of conversations around a**
 3 **variety of clinical study topics, so I would include**
 4 **that in with everything else that we would have talked**
 5 **about.**
 6 Q. And in those discussions you talked about
 7 the size of the study that you would have to have to
 8 have adequate power to show differences in modalities
 9 with regard to the incidence of infection?
 10 **A. For surgical-site infections in clean**
 11 **procedures particularly, it's very challenging to**
 12 **power a study, so yeah, that would have been part of**
 13 **any discussion.**
 14 (Discussion off the stenographic record.)
 15 (Exhibit 224 was marked for
 16 identification.)
 17 BY MR. CIRESI:
 18 Q. Exhibit 224 is an e-mail from Mr. Van Duren
 19 to you, with a carbon copy to Gary Hansen, dated June
 20 24th, 2011; correct?
 21 **A. Yes.**
 22 Q. This is roughly eight months after the
 23 acquisition of Arizant?
 24 **A. Correct.**
 25 Q. And this reflects the concept that we just

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1 discussed, and that is the power of a study; correct?
 2 **A. Let me just take a look at this e-mail.**
 3 Q. If you look at number two on this exhibit.
 4 **A. Okay.**
 5 Q. Do you see it, ma'am?
 6 **A. Yes.**
 7 Q. Okay. Mr. Van Duren states, "Prospective
 8 clinical studies designed to show increases in SSI
 9 rates are notoriously difficult to conduct in part
 10 because of the large sample sizes needed to pro --
 11 provide adequate power;" correct?
 12 **A. Yes.**
 13 Q. Okay. "Are there other types of studies
 14 that you believe provide adequate evidence for the
 15 adoption of particular interventions which could be
 16 less difficult to conduct?"
 17 Do you see that?
 18 **A. Yes.**
 19 Q. And one of them would be an aerobiology
 20 study; correct?
 21 MR. GOSS: Object to form.
 22 **A. That's a possibility, yes.**
 23 Q. That's the one that hasn't been conducted;
 24 correct?
 25 **A. We have not conducted that study.**

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C O N F I D E N T I A L

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1 Q. And decisions have been made at the highest
2 levels not to conduct it; correct?
3 MR. GOSS: Object to form, foundation.
4 A. Yes.
5 Q. You saw the document.
6 A. Yes.
7 **(Discussion off the stenographic record.)**
8 Q. Now Mr. Van Duren advised you that there was
9 evidence that forced-air warming use increases the
10 risk of surgical-site infections; didn't he?
11 A. I don't recall that --
12 Q. Well you --
13 A. -- conversation.
14 Q. You've said publicly that there is no
15 evidence; right? You're on the internet saying that;
16 aren't you?
17 A. Yes. Your --
18 Q. And Mr. Van --
19 MR. GOSS: Wait. Let him --
20 Let her finish, please.
21 A. Your question was --
22 I just want to clarify what your question
23 was originally.
24 Q. But you're on the internet saying there is
25 no evidence; correct?

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1 A. Correct.
2 Q. And --
3 A. Prior to that you -- I wanted to clarify
4 what you said about my conversation with Al Van Duren.
5 Q. Okay. I didn't say your conversation. I
6 said has Mr. Van Duren ever told you there is evidence
7 that forced-air warming uses -- use increases the risk
8 of surgical-site infection?
9 A. No, not that --
10 Q. Did Mr. Hansen --
11 A. Not that I recall.
12 Q. Okay.
13 A. Yeah.
14 Q. Did Mr. Hansen tell you that there were
15 other people at Arizant that felt that to be the case?
16 A. Not that I recall.
17 Q. Have you read Mr. --
18 You haven't read Mr. Hansen's deposition;
19 have you?
20 A. No.
21 Q. Okay. Is there a process at 3M where
22 position statements that are forwarded around can be
23 revised and people put their initials on the revision
24 that they suggest?
25 A. So if it's a document that's generated like

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1 in Word, --
2 Q. Right.
3 A. -- yeah.
4 Q. Okay.
5 (Exhibit 225 was marked for
6 identification.)
7 BY MR. CIRESI:
8 Q. Exhibit 225 is a position statement shortly
9 before acquisition of Arizant, June of 2010. Do you
10 see that?
11 A. Yes.
12 Q. And then it says "Our position
13 "There is no evidence that forced-air
14 warming (FAW) increases risk of surgical site
15 infections (SSIs)..." Do you see that?
16 A. Yes.
17 Q. Do you see the comment over on the
18 right-hand side?
19 A. Yes.
20 Q. "AVD," do you know who that is?
21 A. If it was in our system with -- post-
22 acquisition, it would be Al Van Duren.
23 Q. Al Van Duren.
24 Do you know any other AVDs that were at
25 Arizant?

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1 A. I don't.
2 Q. Okay. And he makes a notation, "Actually,
3 there is evidence that forced-air warming use
4 increases risk - This evidence was the motivation for
5 Dr. Memarzadeh's work." Do you see that?
6 A. Yes.
7 Q. Did he ever tell you that?
8 A. No.
9 MR. GOSS: Object to form, document speaks
10 for itself.
11 Q. If he had told you that, would you have made
12 a statement to the public that there is no evidence,
13 since he has more expertise in this area than you?
14 MR. GOSS: Objection to form.
15 A. I would have --
16 It would have generated a lot of questions
17 on my part.
18 Q. You would have withdrawn the statement;
19 wouldn't you, --
20 MR. GOSS: Object to form.
21 Q. -- doctor?
22 A. I would have needed to have evidence that
23 there was no risk --
24 Q. He has --
25 A. -- of --

74 (Pages 293 to 296)